



National
Aeronautics and
Space
Administration

Request, Authorization, Agreement and Certification of Training

TRACKING NUMBER

SECTION A - TRAINEE INFORMATION

1. APPLICANT'S NAME (Last, First, Middle Initial)		2. UUPIC	3. POSITION LEVEL <input type="checkbox"/> a. NON SUPERVISOR <input type="checkbox"/> d. EXECUTIVE <input type="checkbox"/> b. SUPERVISOR <input type="checkbox"/> e. OTHER <input type="checkbox"/> c. MANAGER	
4. HOME ADDRESS (Used for reimbursements only) ADDR1 _____ ADDR2 _____ CITY _____ STATE _____ ZIP _____			5a. OFFICE PHONE (Area Code & Number)	
5. ORGANIZATION MAILING ADDRESS ORG CODE _____ ADDR1 _____ ADDR2 _____ CITY _____ STATE _____ ZIP _____			5b. E-MAIL ADDRESS	
			5c. FAX (Area Code & Number)	
6. POSITION TITLE AND FUNCTION		6a. PAY PLAN/SERIES/GRADE	6b. EDUCATION LEVEL	

SECTION B - TRAINING COURSE DATA

7. NAME AND MAILING ADDRESS OF TRAINING VENDOR NAME _____ ADDR1 _____ ADDR2 _____ CITY _____ STATE _____ ZIP _____ PHONE _____ E-MAIL _____		7a. LOCATION OF TRAINING SITE IF SAME, CHECK HERE <input type="checkbox"/> ADDR1 _____ ADDR2 _____ CITY _____ STATE _____ ZIP _____	
8. COURSE TITLE		9. COURSE OBJECTIVES	
10. COURSE DESCRIPTION			
11. JUSTIFICATION			
12. RELATED COMPETENCIES - PRIMARY			
12a. YOU MAY IDENTIFY FOUR ADDITIONAL COMPETENCIES THAT THIS TRAINING SUPPORTS			
13. VENDOR CATALOG/ COURSE NUMBER	14. TRAINING PERIOD (Dates) START _____ COMPLETE _____	15. NUMBER OF COURSE HRS a. DURING DUTY _____ 0 b. NON-DUTY _____ 0 c. TOTAL _____	16. ARE YOU REQUESTING REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THIS COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST ACCOMMODATIONS IF NEEDED:
17. CREDIT HOURS			

18. ESTIMATED COSTS (Direct)			19. ESTIMATED COSTS (Indirect)				
	AMOUNT	EMPLOYEE CONTRIBUTION		AMOUNT	EMPLOYEE CONTRIBUTION		
a. TUITION	0.00	0.00	a. TRAVEL	0.00	0.00		
b. BOOKS OR MATERIALS	0.00	0.00	b. PER DIEM	0.00	0.00		
c. OTHER (Specify below)	0.00	0.00	c. OTHER (Specify below)	0.00	0.00		
d. TOTAL	\$0.00	\$0.00	d. TOTAL	\$0.00	\$0.00		
COMMENTS (Information about vendor/course web site, registration forms if needed, etc.)							
FOR TRAINING OFFICE USE ONLY							
20. TRAINING CODES							
a. PURPOSE	b. TYPE	c. TYPE SUB-CODE		d. SOURCE			
e. SPECIAL INTEREST	f. ACADEMIC CREDIT CODE	g. TRAINING CREDIT TYPE CODE		h. DIRECT COST CODE			
i. INDIRECT COST CODE	i. CATEGORY CODE	k. SUB-CATEGORY CODE					
21. DATE RECEIVED		22. COMMENTS					
23. FUNDING CODES							
a. FUND CENTER	b. COST CENTER	c. ORDER	d. WBS CODE	e. PPC CODE			
f. ORG/CODE	a. EARMARKED ITEM	h. NETWORK INFORMATION					
ADDITIONAL FUNDING INFORMATION							
a. FUND CENTER	b. COST CENTER	c. ORDER	d. WBS CODE	e. PPC CODE			
f. ORG/CODE	a. EARMARKED ITEM	h. NETWORK INFORMATION					
ADDITIONAL FUNDING INFORMATION							
a. FUND CENTER	b. COST CENTER	c. ORDER	d. WBS CODE	e. PPC CODE			
f. ORG/CODE	a. EARMARKED ITEM	h. NETWORK INFORMATION					
SECTION C - ACTUAL COSTS							
24. ACTUAL DIRECT COST & APPROPRIATION/FUND CHARGEABLE				25. ACTUAL INDIRECT COST & APPROPRIATION/FUND CHARGEABLE			
	AMOUNT	EMPLOYEE CONTRIBUTION	APPROPRIATION/FUND		AMOUNT	EMPLOYEE CONTRIBUTION	APPROPRIATION/FUND
a. TUITION	0.00	0.00	0.00	a. TRAVEL	0.00	0.00	0.00
b. BOOKS OR MATERIALS	0.00	0.00	0.00	b. PER DIEM	0.00	0.00	0.00
c. OTHER (Specify)	0.00	0.00	0.00	c. OTHER (Specify)	0.00	0.00	0.00
d. TOTAL	\$0.00	\$0.00	\$0.00	d. TOTAL	\$0.00	\$0.00	\$0.00

SECTION D - BILLING INFORMATION

26. DOCUMENT/PURCHASE ORDER/REQUISITION NUMBER

27. 8-DIGIT STATION SYMBOL

28. METHOD OF PAYMENT

29. BILLING INSTRUCTIONS

30. FUNDS ARE AVAILABLE? ☐ YES ☐ NO

SECTION E - APPROVALS

31. SUPERVISOR I (Signature)	DATE	AREA CODE/PHONE
32. COORDINATOR (Signature)	DATE	AREA CODE/PHONE
33. TRAINING OFFICE (Signature)	DATE	AREA CODE/PHONE
34. CONTRACTING OFFICER (Signature)	DATE	AREA CODE/PHONE
35. NSSC (Signature)	DATE	AREA CODE/PHONE

EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

NOTE: This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section F below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

- I AGREE that, upon completion of the Government-sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to service the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week). **NOTE:** For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment, not to a segment of such an organization).
- If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 24 and 25.

EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE
(Continued)

3. I FURTHER AGREE, that if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owned me by the Government, or may be recovered by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

PERIOD OF OBLIGATED SERVICE
(For non-government training only)



EMPLOYEE'S SIGNATURE

DATE

"This information is subject to the Privacy Act of 1974, as amended. When not under the continuing control and supervision of a person authorized access to such information, it must be, as a minimum, maintained under locked conditions."